

# **Committee on Ways and Means**

## ***H.R. 6408, Tax Relief and Health Care Act of 2006***

### **Why Should Physicians be Treated Differently?**

***Most Provider Groups in Medicare Report on Quality; Physicians Currently Don't***

#### **Hospitals**

Since 2004, hospitals that do not report quality measures to CMS have had their inpatient payments cut. CMS has proposed doing the same for hospital's outpatient payments in 2009.

#### **Skilled Nursing Facilities (SNFs)**

Since 2002, all SNFs participating in Medicare are required to submit quality and performance information to CMS. CMS then posts this information on their "Nursing Home Compare" website.

#### **Home Health**

Since 2000, all Medicare-certified home health agencies are required to complete and submit health assessment information for their patients. Since 2003, CMS has posted this quality performance information on the CMS website.

#### **Hospice**

CMS will soon require all hospices that want to treat Medicare beneficiaries to examine patient outcomes, identify problems, and determine solutions.

#### **Durable Medical Equipment (DME)**

In 2006, CMS began incorporating quality and accreditation standards for DME suppliers. These are the first-ever standards for suppliers in this industry.

#### **Clinical Labs**

The *Clinical Laboratory Improvement Act*, which was enacted in 1988, mandates proficiency testing for certain lab tests - parallel to quality standards and certification.

#### **Oncology Drugs**

In 2004, CMS began a two-year demonstration program to evaluate quality and outcomes data for oncology drugs administered in a physician office.

#### **Medicare Advantage**

Since 1997, all health care plans participating in Medicare have been required to report on health care quality and performance.

#### **Prescription Drug Plans**

All prescription drug plans are required to report to CMS on performance measures. CMS will begin posting this information on their website this November.